CALIFORNIA FORM 70

STREET

FAIR STATEMENT OF ECONOMIC INTERESTS

JAN 2 9 2010

REGISTRAR OF VOTERS

SUTTER COUNTY

10 FEB -2 PM 1: 1 COVER PAGE FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

(Business Address Acceptable)

(LAST)

NAME

MONTNA

MAILING ADDRESS

A Public Document

(FIRST)	(MIDDL	E)	DAYTIME TELEPHONE NUMBER
LARRY	LAVI	ERN	
CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

1.	Office, Agency, or Court		
_	me of Office, Agency, or Court:		
	UTTER COUNTY		
U	vision, Board, District, if applicable:		
BOARD OF SUPERVISORS Your Position: DISTRICT 1			
		>	If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
		Ag	ency: SEE ATTACHED LIST
Po	sition:		
	Jurisdiction of Office (Check at least one box) State County of SUTTER		
	City of		
_			
	Other		
	Type of Statement (Check at least one box)		
	Assuming Office/Initial Date:/		
\boxtimes	Annual: The period covered is January 1, 2009, through December 31, 2009.		
	-or-		
	O The period covered is/, through December 31, 2009.		
	Leaving Office Date Left:/(Check one)		
	O The period covered is January 1, 2009, through the date of leaving office. -Or-		
	O The period covered is/, through the date of leaving office.		
П	Candidate Election Year:		

4. Schedule	Summary	
 Total number including this 	· •	
Check applica interests."	ble schedules or "No reportable	
I have disclose attached sched	ed interests on one or more of the dules:	
Schedule A-1 X Yes – schedule attached Investments (Less than 10% Ownership)		
	∑ Yes – schedule attached 6 or Greater Ownership)	
Schedule B Real Property	Yes – schedule attached	
Schedule C Income, Loans, and Travel Payment	Yes – schedule attached Business Positions (Income Other than Gifts s)	
Schedule D Income - Gifts	Yes – schedule attached	
Schedule E Income - Gifts -	Yes – schedule attached Travel Payments	
	-or-	
☐ No reportab	le interests on any schedule	

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Signature official.)

FORM 700 – ANNUAL STATEMENT January 1, 2009 – December 31, 2009

LARRY MONTNA

Committee Member

Feather River Air Quality Management District Gilsizer Drainage District LAFCO SACOG Sutter Butte Flood Control Agency Sierra-Sacramento Valley EMS

Committee Member – Alternate

Regional Council of Rural Counties Sacramento Area Flood Control Agency Substance Abuse Advisory Board Yuba-Sutter Transit Authority

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

LARRY MONTNA

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
EDWARD R. JONES	3 122 TO 10
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STOCK & BOND BROKER	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2.000 - \$10,000 × \$10,001 - \$100,000	\$2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 · \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock (Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
S2.000 - \$10,000 S10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
S100.001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
MATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
Acquired	AGGUINED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 · \$10,000 \$10,001 · \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 · \$1,000,000 Over \$1,000,000	5100,001 - \$1,000,000 Over \$1,000,000
	5100,001 \$ 71,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership Income of \$0 - \$500	(Describe) Pannership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
Name	
LARRY MONTH	NA

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MUFFLER MASTERS/MONTNA WELDING	
Name 2069 LIVE OAK BLVD., YUBA CITY, CA 95991	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust. go to 2 ⊠ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY MUFFLER SHOP AND WELDING	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship ☐ Partnership ☐	NATURE OF INVESTMENT Sole Proprietorship Partnership
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499	\$0 - \$499
➤ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if no ressary)	INCOME OF \$10,000 OR MORE (attach a reparate sheet if necessary)
► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	▶ 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity of Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$2,000 · \$10,000 \$10,001 · \$100,000 \$100,001 · \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	
LARRY MONTE	JΔ

	the state of the s	per manual per annual		
•	STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION		
	1498 PRINCESS STREET	104 KAANAPALI SHORES PLACE		
	CITY	CITY		
	YUBA CITY, CA 95991	LAHAINA MAUI, HAWAII 96761		
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 J 09 J 09 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000		
	NATURE OF INTEREST	NATURE OF INTEREST		
	Ownership/Deed of Trust	Ownership/Deed of Trust Easement		
	Leasehold	Leasehold		
1	F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
Î	\$0 - \$499	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000		
[S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
ì	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.		
C	You are not required to report loans from commercial leads for the publication of the pub	c without regard to your official status. Personal loans		
1	NAME OF LENDER*	NAME OF LENDER*		
,	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER		
Ē	BUSINESS ACTIVITY, IF ANY, OF LENDER			
I	NTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
ा	% None	%		
792				
-	HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD		
L	3500 - \$1,000	5500 - \$1,000		
L	S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
[Guarantor, if applicable	Guarantor, if applicable		

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	FORNIA FORM	
Name		

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	NAME OF SOURCE
REGIONAL COUNCIL OF RURAL COUNTIES	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K STREET, SUITE 1650	2 A PARAMETER AND A STATE OF THE CONTROL OF THE ARMETER AND AND A STATE OF THE ARMETER AND A STATE OF
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 01 / 09 . 12 / 31 / 09 AMT: \$ 237.04	DATE(S):
TYPE OF PAYMENT: (must check one) ☐ Gift 🔀 Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: MEAL EXPENSES RELATED TO ATTENDING ANNUAL RCRC DINNER	DESCRIPTION:
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	